



PASSPORT To Health Program

Adult and Child Client Survey Results and Analysis

2004-2005

Prepared by

MAXIMUS

for the

Department of Public Health and Human Services

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1.0 EXECUTIVE SUMMARY

PASSPORT To Health client surveys have been offering insight into the experiences and perceptions of clients for years. This is a summary of the survey MAXIMUS mailed in December 2004.

The surveys were mailed to 1,000 adult clients and the parents or legal guardians of 1,000 child clients. To increase the response rate, we sent out the original survey, a reminder and a second survey. We also called non-respondents and offered them the option of completing the survey over the phone. In addition, we provided an incentive with several drawings for gift certificates to department stores. We received 389 adult and 391 child surveys, resulting in a response rate of over 38 percent. Within these total numbers there are 97 Adult Survey and 112 Child Survey respondents who identified themselves as Native American. In the following discussion of the survey results, the respondents for the child survey, who could be older children or the parents or guardians of children, will be referred to as child respondents and the respondents to the Adult Survey will be referred to as adult respondents. The child respondents were directed to consider the questions as referring to the child on the mailing label for the survey. When a question concerns the respondent and not the child, that distinction was clearly indicated.

FINDINGS

- 84% of adult and 91% of child respondents chose their PASSPORT provider. These percentages decrease when looking only at the Native American subgroup, with 79% of adult and 85% of child respondents indicating they chose their provider.
- 75% of adult and 83% of child respondents indicated that it was not a problem to get a personal care provider with whom they are happy.
- 43% of adult and 52% of child respondents rated their provider as the “best personal provider possible.”
- 67% of adult and 61% of child respondents had an appointment for routine care in the last 6 months. In the Native American subgroup, 54% of both adult and child respondents indicated that they had a routine care appointment.
- For routine appointments 14% (adult) and 6% (child) of respondents were more likely to get their care somewhere other than their personal provider. Of the Native American respondents, 25% (adult) and 13% (child) went elsewhere. Fewer Native American respondents indicated their provider recommended another place to get care when they could not see them. For care of an illness or injury, Native American respondents were also less likely to go to their personal provider.
- This year we asked when the child or adult had their last preventive care visit instead of asking a yes/no question for care in the last six months. While 43% (adult) and 45% (child) of respondents had at least one preventive visit in the last six months, those figures jump to 72% (adult) and 75% (child) for those with at least one preventive care visit within the last year. Many (61% adult and 90% child) respondents who had not had a preventive care visit in the last six months indicated that they did not think they needed an appointment.

- 66% of adult respondents indicated they had smoked at least 100 cigarettes in their lifetime. Of the clients who had smoked, 31% no longer smoke.
- 53% of adult and 58% of child respondents indicated they have a good understanding of the PASSPORT program, rating their understanding at 8 or higher on a scale of 1 to 10. The answers to the True/False questions indicate that respondents generally understand the program policies concerning specialist care referrals, pregnancy exams, and emergency room visits for emergencies. Policies concerning family planning, changing personal providers and going to an emergency room for routine care are not as well known. Of noticeable concern is the lack of understanding of the inappropriateness of taking a child to an emergency room for routine care. Over 44% of child respondents checked “True” for “If my child’s provider cannot fit him or her in for a routine appointment, he or she can go to the emergency room.” This response was slightly higher in the Native American child respondents at 52%.
- 76% of adult and 89% of child respondents rated their satisfaction with the PASSPORT program as high (between seven and ten). The program was rated as 10 for “completely satisfied” by 43% of adult respondents and 51% of child respondents.
- Over half of the child respondents reported their child’s age as 6 or under. These children in the pre-school age bracket have an increased need for early and periodic screening and diagnostic tests and immunizations.

COMMENTS

- Dental care continues to be a concern of respondents as the following comments show:
 - "It would be nice to have dental services restored to Medicaid. I have a mouthful of teeth that are rotting and need to be pulled. I can't afford to have it done. Why in the world was dental taken off anyway?"
 - "I don't think that it's fair that you don't have dental care for everyone. What do I have to do get pregnant just to get it. It's not fair to me or others."
 - " I got good health care except I cannot find a dentist who will take me."
 - "Why is there no good central dentist. I need dental badly and the only one that takes Medicaid I would not take a dog to him and the other place here says they can not give me the dental care I need."
- Other areas of concern raised in comments are:
 - Limitation on smoking cessation medication and treatment
 - Lack of vision coverage
 - Lack of coverage for non-mainstream health care options
 - Perception of discriminatory treatment by providers and staff due to being on Medicaid
 - Perception of customer service difficulties/access issues with the transportation service

- Although many comments contained complaints or pleas, most also contained some note of appreciation for the program and providers:
 - "We are so thankful for Montana Medicaid and our wonderful doctor and nurse. We have a beautiful baby girl and I know she is in good hands. Thank you."
 - " PASSPORT To Health is a God Send. Thank you very much for allowing me to be on it."
 - "I am very thankful for this program, although I hope not to need it much longer. I'm grateful that Montana Passport is available while needed. Thank you."
 - "I think a Personal Passport Provider is the greatest thing for Health Care, especially since my boy is being well taken care of and to all staff that work and put this program together, I'd like to thank you all and keep up the good work for always keeping me informed, Thanks A lot!"

CONCLUSIONS

- The satisfaction ratings for the PASSPORT program continue to be high.
- Over 85% of respondents chose their provider and 77% had no problem choosing a provider with whom they are pleased.
- Clients are accessing preventive services, 60% to 70% of respondents having received routine or regular care during the preceding 6 months.
- Responses to the True/False questions indicate there is a need for further education pertaining to the policies for the use of the emergency room for routine care, the lack of need for a referral for Family Planning and ability to change providers. The majority of respondents seem to have an understanding of the need for a referral for specialty care but not for pregnancy testing or emergency care at an emergency room. The complexity of the program continues to bother people enough to spur them to comment on the complexity. There is a need to simplify the materials about the program.
- The percentage of adults who made at least one ER visit increased by 6.4% while the percentage of children who had at least one ER visit increased by 2.3%. Of greater concern is the number of respondents who are unclear about the PASSPORT program policies for the appropriate use of the ER.
- Dental care continues to be a major concern.
- The continuing need for general education about the PASSPORT program is clearly indicated by comments such as "I really don't understand how much Medicaid pays for when I go to a check-up. If I am to pay a bill; who do I pay?"



2.0 INTRODUCTION TO THE STUDY

The questions used in the PASSPORT to Health client survey are similar to those used in health care assessment surveys constructed by the Foundation for Accountability (FACCT) and in the widely used Consumer Assessment of Health Plans Survey (CAHPS) established by the National Committee for Quality Assurance (NCQA). The questions in the PASSPORT to Health client survey measure aspects of all four categories covered in the CAHPS. These areas as outlined in "FACCT Foundation for Accountability The Basics Specifications" are:

Doctor care

The Montana PASSPORT to Health survey has questions asking if clients:

- have an easy time getting routine care
- have an easy time getting urgent care
- get good service from the doctor's office
- have a doctor who explains health care issues
- get good overall doctor care

Rules for getting care

The Montana PASSPORT to Health survey has questions asking if clients:

- get timely approvals and referrals for needed care
- have an easy time choosing a doctor

Information and service

The Montana PASSPORT to Health survey has questions asking if clients:

- receive information and find it useful
- understand the program policies

Satisfaction

The Montana PASSPORT to Health survey has questions asking if clients:

- are satisfied with their health care program

Most of the questions on the adult and child surveys are the same. There are additional questions on each survey addressing aspects specific to adult and childhood care.

The surveys in use in Montana were designed for its particular population and health care program and as such, are not directly comparable with survey instruments used in other states. The results from this survey are not used to draw any conclusions from comparisons with other states. The following sections contain a description of the methodology used for the survey, a discussion of the results of the survey for the total population surveyed and for Native Americans as a subgroup of this population and a discussion of possible trends utilizing data from the years that this survey has been in use.



3.0 RESEARCH METHODS

The methodologies used for sample selection and data collection were based on standard survey research procedures and NCQA procedures for attaining a good response rate.

3.1 Sample Selection

In December 2004 MAXIMUS mailed surveys to 1,000 randomly selected current PASSPORT clients under the age of 18, and 1,000 randomly selected current PASSPORT clients over the age of 18. The clients for the Child Survey were selected randomly by the MAXIMUS enrollment system, MAXSTAR, and the case was then marked as participating in the survey. Then, the clients for the Adult Survey were randomly selected by MAXSTAR ensuring that none of the cases already marked were in the random sample. This ensured that no two people on a case were part of the survey. However, it should be noted that if clients lived in the same household and on different cases they could each still receive a survey.

By using a standard sample calculator, it was determined that for a margin of error of +/- 5% with a 95% confidence level, we would need approximately 380 surveys from each sample group, children and adults. This sample size would allow us to project to the whole PASSPORT population. For example if 80% of respondents chose 'Yes' then we could be 95% sure that 75-85% of the whole population would answer 'Yes' to the same question. A good response rate for mail surveys ranges from 30 to 50 percent.

3.2 Survey Procedure

In December, 2004 we mailed 1,000 PASSPORT Child surveys and 1,000 PASSPORT Adult surveys. We created a mailing database in Microsoft ACCESS to maintain a history of mailings and contact information for the full sample. If surveys were returned due to a bad address, they were marked in this mailing database as returned. The mailing database was completely separate from the analysis database to ensure the confidentiality of the responses.

Reminders were mailed out to all participants who did not respond to the initial survey and did not have a bad address in the system. After allowing ample time for response to the reminders, second surveys were mailed out to all participants who did not respond and who did not have a bad address in the system. For those who did not respond to any mailings, we attempted contact by telephone. If we reached the client we encouraged them to do the survey over the phone with us. If we were unable to convince them to do the survey over the phone, we encouraged them to send it in by mail, or, if they no longer had the survey we verified the address and sent another copy. We continued this process until we had received the required number of surveys for the desired confidence level.

Several times during the survey collection process, drawings were held to choose the recipients of the department store gift certificates. The names for these drawings were pulled from the mailing database which included all clients who had returned a completed survey. Comments on surveys indicate that these drawings did serve as an incentive for some respondents.

4.0 SURVEY RESEARCH FINDINGS



We received 389 adult and 391 child surveys for a response rate exceeding 38% on both surveys. Although a few of the child surveys were filled out by the targeted child, most were completed by a parent or guardian for the child. The sections below mirror the sections included in the survey. The survey sections are entitled "Your Personal Provider", "Your Health Care in the Last 6 Months", "PASSPORT to Health Program", and "About You". In fitting with tested survey practices, the actual survey ended with personal questions. To lay a foundation for interpreting the survey findings, the discussion of the results starts with this demographic section. A reminder that the respondents for the child survey, who could be the child or the child's parents or guardians, will be referred to as child respondents and the respondents to the adult survey will be referred to as adult respondents. Unless indicated differently, the child respondents are answering about their children and their children's experiences.



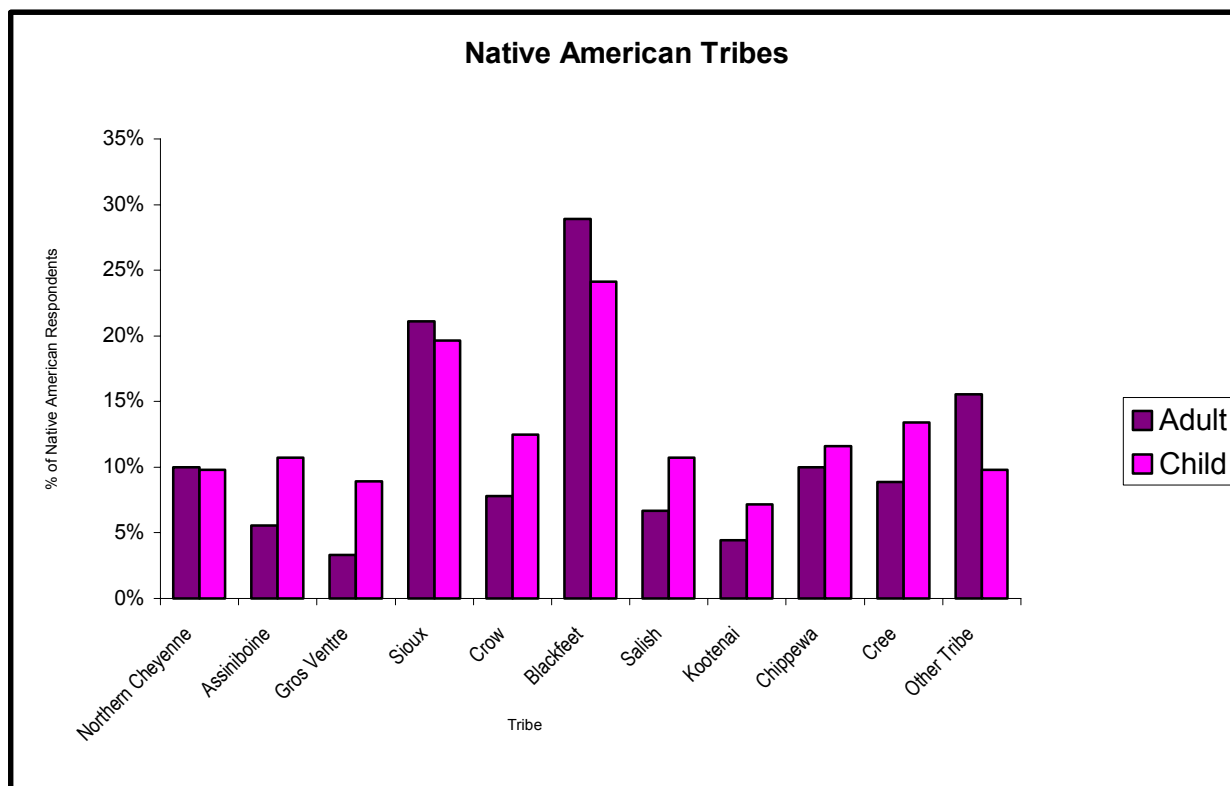
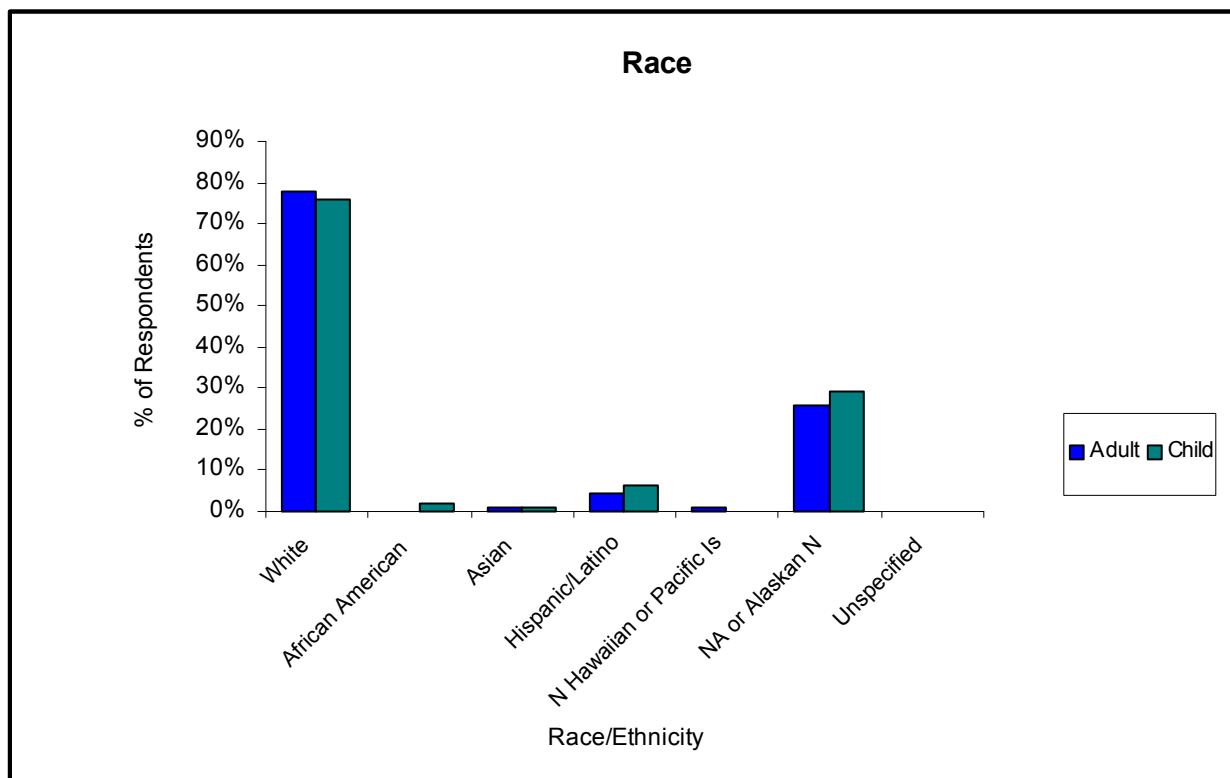
4.1 About the Clients

The majority of the respondents were female (81% for the adult survey, 91% for the child survey). The children for whom the child surveys were completed were more evenly divided with 48% female and 52% male. Less than two percent of adult survey respondents and five percent of child survey respondents were age 18 or under. The ages of the children targeted by the child survey fell somewhat equally into 4 groups:

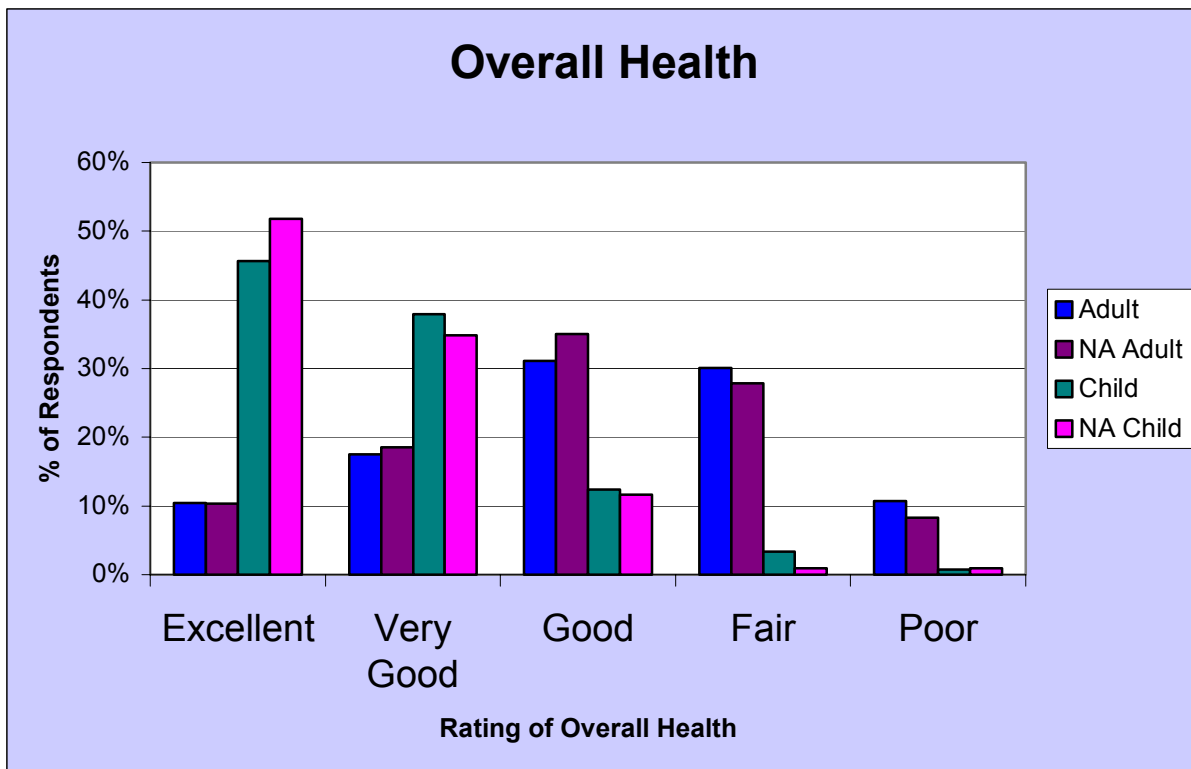
- 1) Birth to age 2 years, 29.43%
- 2) Age 3 to 6 years, 24.48%
- 3) Age 7 to 11 years, 22.66% and
- 4) Age 12 to 18 years, 23.44%.

The majority of all respondents, 75% of adults and 78% of child respondents, had at minimum received a GED or high school diploma.

Respondents were asked to indicate racial/ethnic and tribal identity by marking one or more terms on a list, including predominant tribes in the state. A field for "other tribe" was provided for additional tribal affiliation and a field for "unspecified" was provided. Of the adult respondents, 26% were American Indian or Alaskan Native. Of the child respondents, 29% were American Indian or Alaskan Native. In the following exhibits, the racial/ethnic breakdown is given for the total survey population and the racial/ethnic/tribal breakdown is given for the Native American subgroup.



In addition to basic demographic information, respondents were asked to rate their overall health. Adult respondents tended to believe they are less healthy than child respondents. This should be expected since adult eligibility for Medicaid is often tied to medical need as well as financial need while childhood eligibility is often tied only to financial need. Forty-one percent of adults rated their overall health as 'Fair' or 'Poor' while only four percent of child respondents rated the child's health that low. Only ten percent of adults said their health is 'excellent' while 46% of child respondents answered the same. The chart below graphically represents the reported health status of the adult and child respondents.



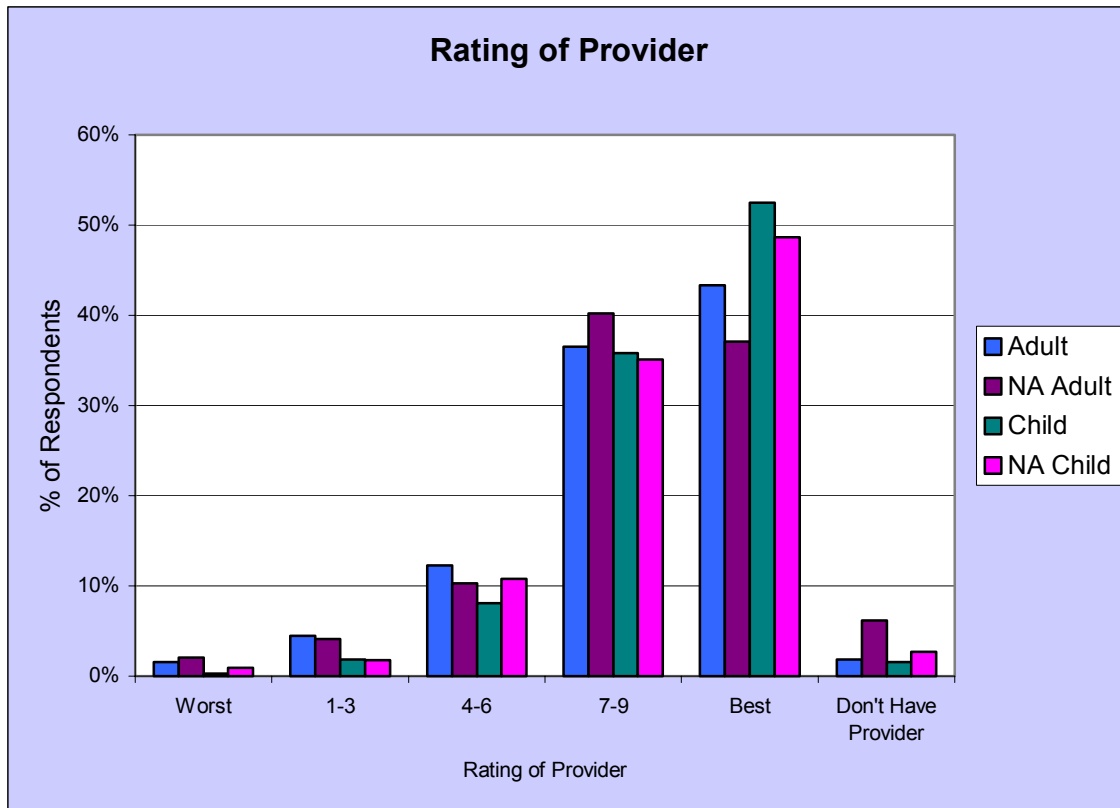
On the adult survey there were several questions related to smoking. A majority, 66%, of the respondents indicated that they had smoked at least 100 cigarettes in their life. Of the 249 of these smokers who answered the question about current smoking, 55% still smoke daily while 31% no longer smoke at all. Forty-one percent of those who still smoke indicated that they were not advised by a provider to stop smoking in the six months prior to the survey.



4.2 About Personal Providers

The majority of respondents on both surveys (84% adult and 91% child) indicated they chose their PASSPORT provider. A majority (75% adult, 83% child) also indicated that it was not a problem finding a provider with whom they are happy. Only seven percent of adults and three percent of children responded that it was a big problem.

When respondents were asked to rate their provider from zero to ten, with zero being the worst possible provider and ten being the best possible provider, most respondents indicated that they were very happy with their provider. 43% percent of adult and 52% of child respondents rated their provider as the “best personal provider possible.”



4.3 About Health Care

The PASSPORT to Health Survey addresses health care in the last six months. Questions regarding provider visits are broken down by reason for visit: routine or regular health care and illness, injury or condition requiring immediate attention. One of the main tenets of Managed Care is to provide preventive care; therefore, the survey contains questions addressing this area in particular. There are questions concerning the wait time for appointments and source of care. Other questions deal with communicating with and obtaining help from providers and their staff.



4.3.1 Getting Needed Care

One deterrent to getting needed care could be a problem in getting a personal provider with whom one is happy. As mentioned previously, a significant majority of the respondents did not have a problem getting a personal provider with whom they are happy.

67% of adult and 61% of child respondents made a regular or routine appointment within the last six months and 85% of these adult respondents and 94% of these child respondents received this

care from their personal providers. Eight percent of adult and three percent of child respondents indicated that they had received this care from an emergency room.

A separate set of questions about preventive or routine care such as check ups and mammograms, gathered information about these visits. 43% of adult and 45% of child respondents had visits for preventive care within the 6 months prior to the survey. The majority of those who did not have preventive care checked “I did not need any preventive care in the last 6 months” as the reason for not having care. Of children 2 years old or younger, 93% had gone to a provider since birth for a check up or for shots.

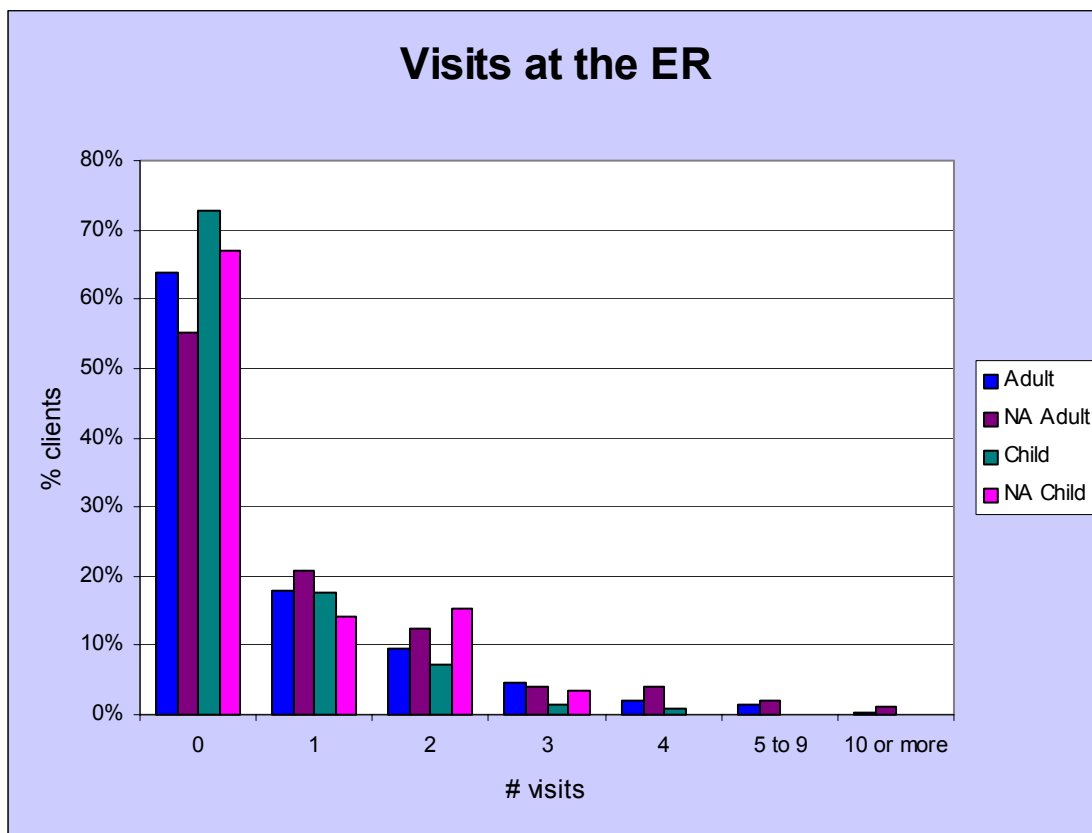
Respondents were asked if they (their child) had needed care right away for an illness, injury or condition during the last six months. 52% of adult and 42% of child respondents indicated that they had needed this type of care. Although a majority of these respondents received this care from their personal provider, the percentages (66% adult and 65% child) were smaller than the respondents who saw their personal provider for routine care. Understandably the percentage (37% adult and 30% child) of respondents receiving care for an illness or injury from an emergency room is larger than those receiving routine or regular care from an emergency room.

Referrals can be a problem for clients in a managed care health program. A majority of respondents to the PASSPORT survey did not indicate that this area was problematic for them. Of the 260 adults and 238 child respondents who answered the question about referrals for routine or regular health care, 51% of child and 26% of adult respondents did not need to see a provider other than their personal provider. Of the remaining 193 adult and 116 child respondents who answered the question, 62% adult and 56% child respondents were referred to another source of care by their personal provider.

Of the 199 adults and 162 child respondents who answered the question about referrals for health care for illness or injury, 30% of child and 14% of adult respondents did not need to see a provider other than their personal provider. Of the remaining 171 adult and 114 child respondents who answered the question, 61% adult and 42% child respondents were referred to another source of care by their personal provider. If their personal provider could not see them, 47% of adult and 45% of child respondents indicated that their provider or provider’s staff helped them obtain care elsewhere. The vast majority (71% adult and 78% child) were sent to another doctor or nurse.

In response to a separate question about referrals to specialists, the majority of respondents indicated there was no problem in getting a needed referral. Only 10% of adult and 5% of child respondents indicated it was a problem to get a needed referral. Fewer child than adult respondents needed to see a specialist, with 70% of child respondents not needing to see a specialist.

Respondents were asked the number of times they used the emergency room in the last 6 months and 64% of adult respondents and 73% of child respondents indicated they had not been to the emergency room at all. Only two percent of adult respondents reported 5 or more emergency room visits. No child respondents reported more than 4 emergency room visits. The chart below graphically represents the number of ER visits in the last six months prior to the survey.



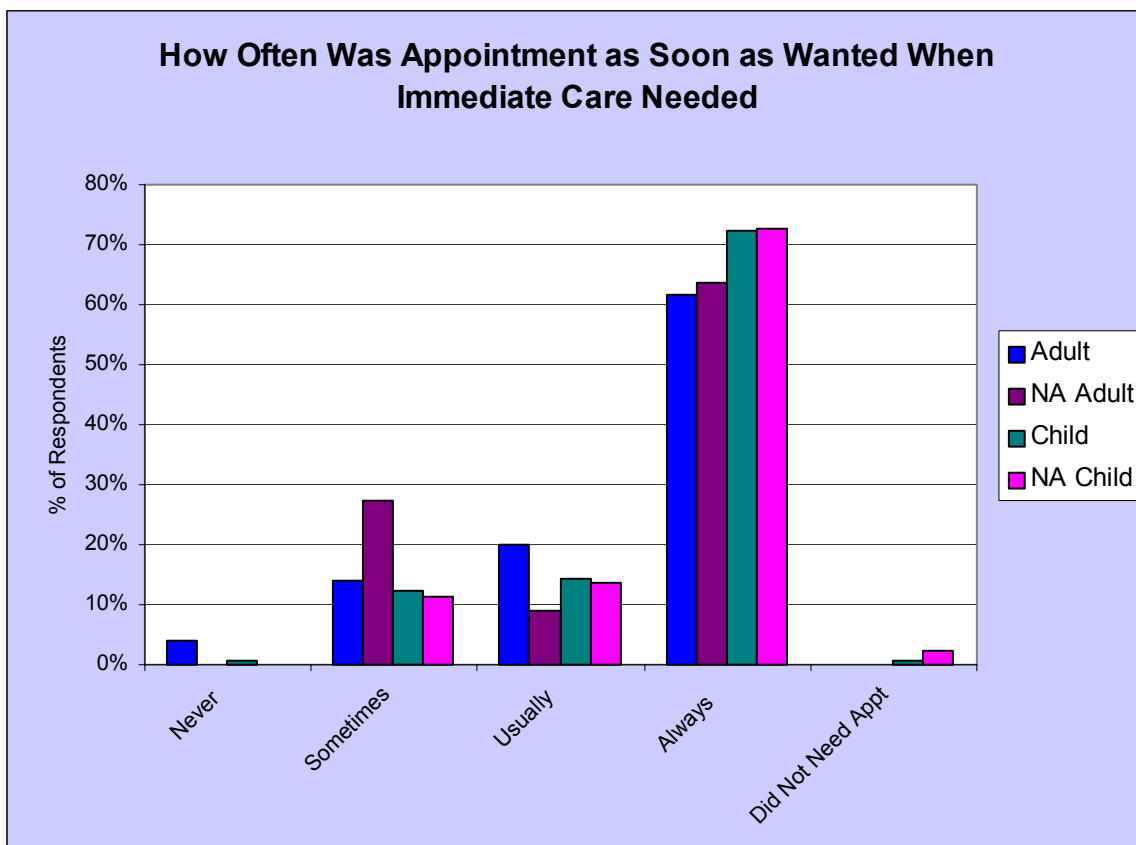
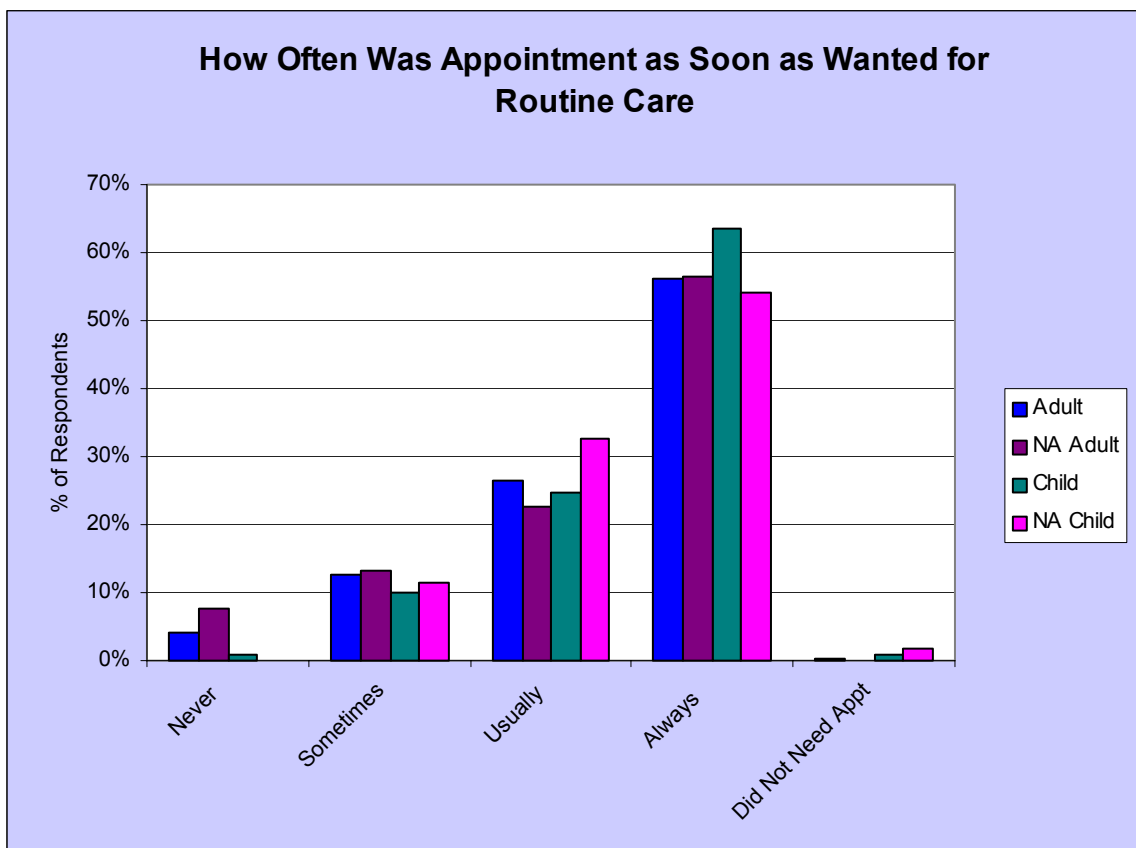
The majority of respondents, 78% of adult and 78% of child respondents went to a provider's office or clinic for care with 21% (adult) and 9% (child) of these respondents having 5 or more visits.

The respondents were also asked if there was a time they felt they received fewer services than other patients. The vast majority of respondents (79% adult and 92% child) indicated this was not an issue. Most of the explanations for a "Yes" response related to the following areas: services or medications were not covered, providers were not as attentive and thorough, or generally negative treatment was associated with being on Medicaid.



4.3.2 Getting Care Quickly

An important measure of quality of care is the timeliness of that care. There were several questions relating to the timeliness of receiving care in the last 6 months. There was also a question about children's first visit for a check up or shots for children age 2 or younger. Ninety-four percent of child respondents indicated this visit was as soon as they wanted. Concerning regular and routine care, and care for illness and injury, the majority of respondents indicated these visits usually occurred as soon as they wanted. The following charts display the results for both of these types of visits.



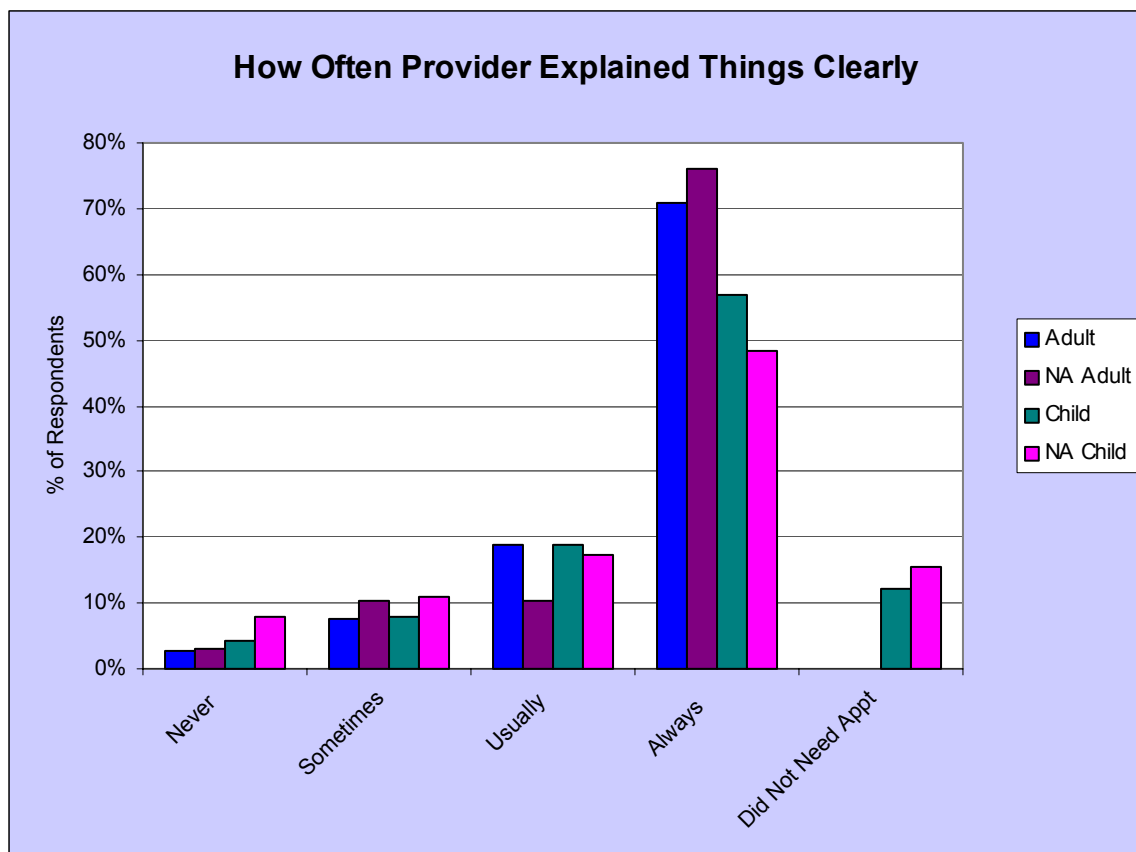
When asked how long they had to wait between making an appointment and actually seeing a provider for routine or regular care, 78% of adult and 79% of child respondents had a wait of a week or less. For illness or injury for which they needed care right away, 47% adult and 60% child respondents saw the provider the same day they requested care. 72% adult and 81% child respondents saw a provider within 3 days of their request for illness or injury care.

Respondents were asked how long they had to wait once they arrived at the provider's office for a visit. Fifty-two percent of adults said they waited 15 minutes or less and 36% said they waited 16 to 30 minutes. Child respondents reported shorter wait times with 57% saying they waited 15 minutes or less and 30% saying they waited 16 to 30 minutes.

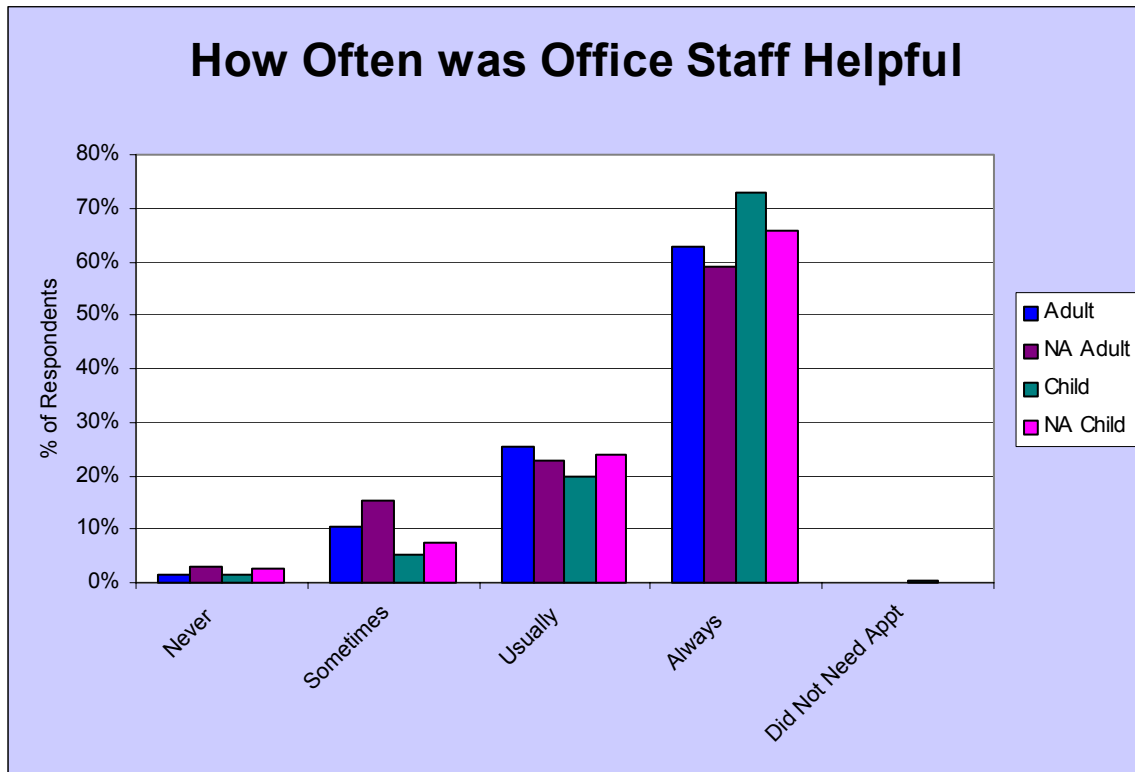


4.3.3 Provider Communication

Communication is key in a client's understanding of his or her health care and treatment. Good communication may very well be the biggest factor in a patient's compliance, or lack of compliance, to health care recommendations. Adult respondents and child respondents for children old enough to talk with providers about health care were asked about provider communication. Seventy-one percent of adult and 57% of child respondents reported that their providers always explained things in a way they or their child could understand. The graph below displays a further breakdown of responses.



Respondents were also asked if they received the help they needed when they called their provider's office. Eighty-two percent of adult respondents and 92% of child respondents indicated that they usually or always get the help they need. Similarly, 88% of adult and 93% of child respondents reported the staff at their provider's office was usually or always as helpful as the respondents thought the staff should be. The exhibit below offers a graphic representation of this information.

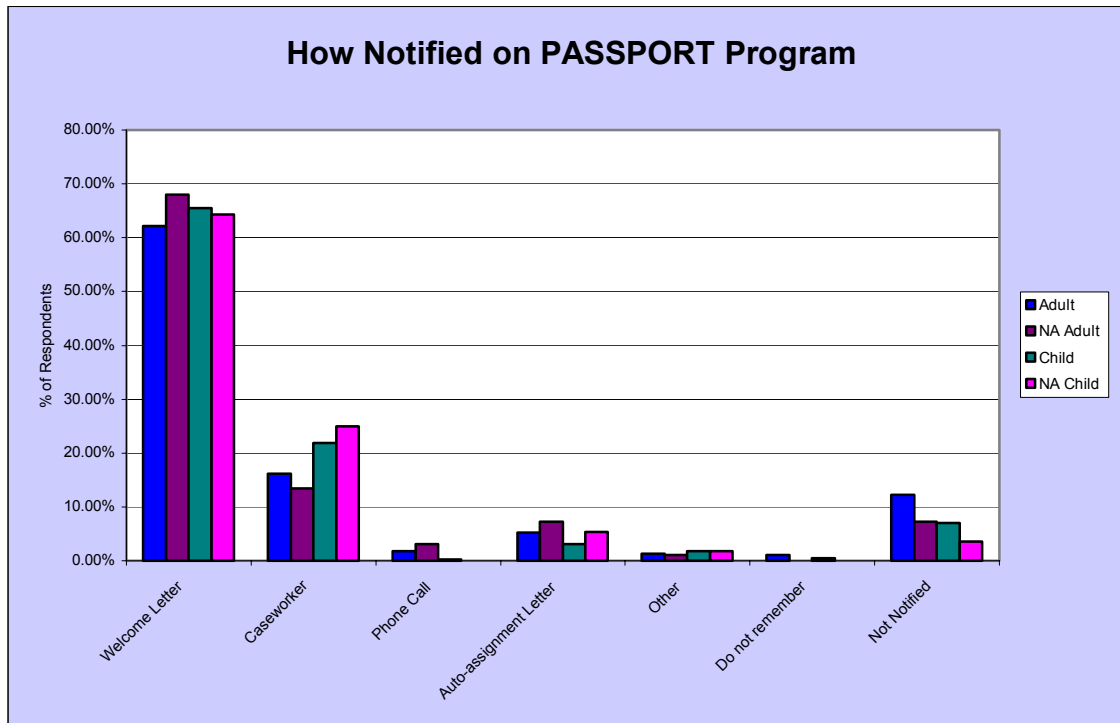


A strong emphasis has been placed on early and periodic shots and testing. Reminders for check ups or shots were received by over 69% of those responding for children age 2 or younger. This high level of reminders may be partially responsible for the high percentage reported above for visits for check ups or shots for this age group.

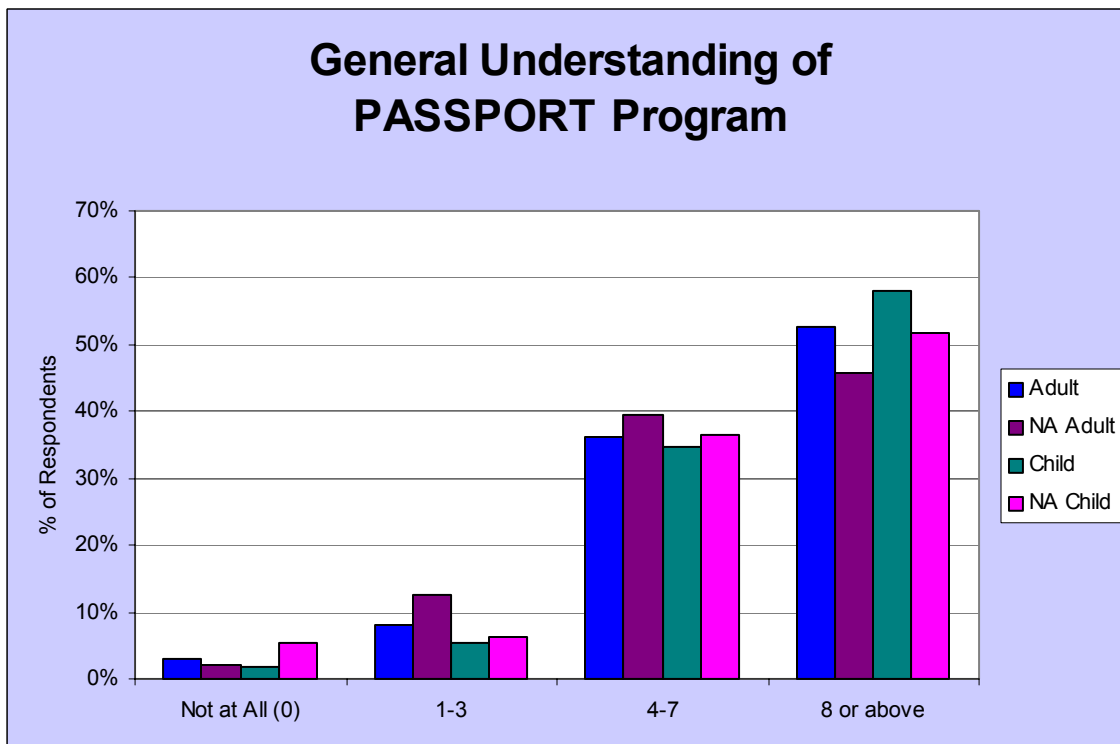


4.4 About the PASSPORT to Health Program

The most frequent method of notification of eligibility for the PASSPORT program that respondents remembered receiving is the Welcome Letter with 62% of adult and 65% of child respondents indicating this method. This is the preferred method of notification. The breakdown of responses for methods of notification is given in the following chart.



Respondents were asked to both rate their general understanding of the PASSPORT Program, and to demonstrate their understanding by answering several True/False questions on specific areas of the program. 53% of adult and 58% of child respondents rated their understanding of the program as high (eight or above on a scale of ten). As displayed in the chart below, an overwhelming majority of respondents rated their understanding at 4 or higher.

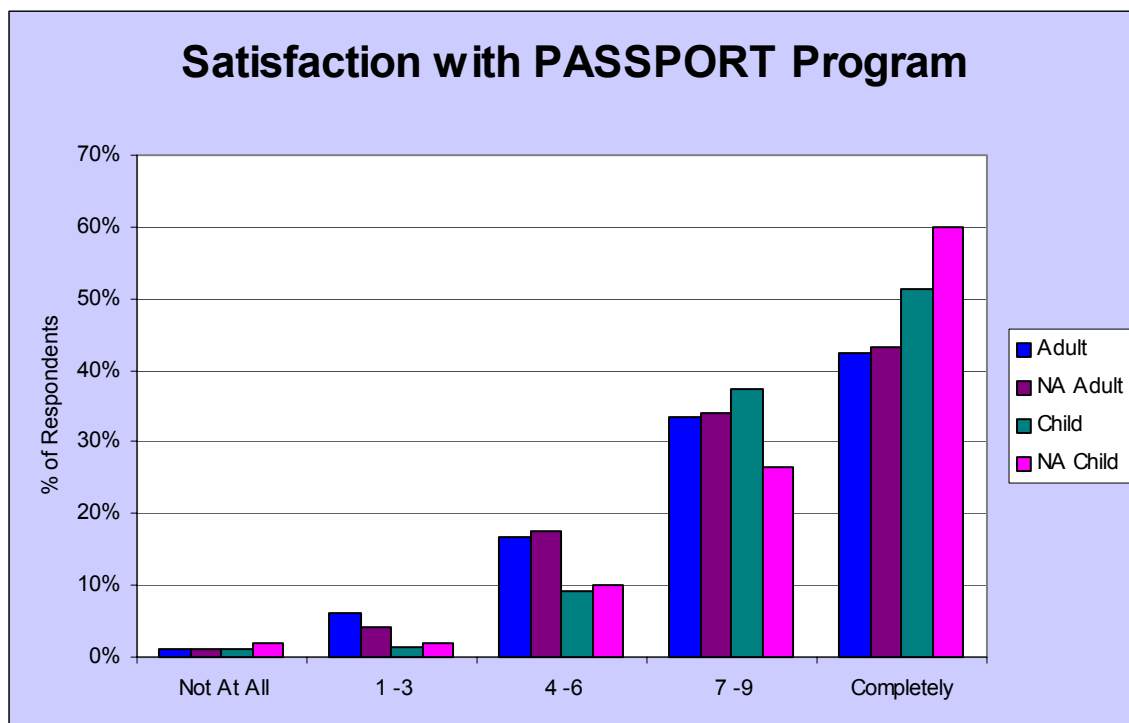


The percentage answering the True/False questions accurately varied by question as follows:

- Must have referral for specialist (True) 88% adult & 88% child
- Can have pregnancy exam without referral (True) 83% adult & 81% child
- Can go to emergency room for routine care (False) 68% adult & 56% child
- Can receive emergency care at ER without referral (True) 84% adult & 92% child
- Need a referral for family planning services (False) 60% adult & 54% child
- Can change PASSPORT providers monthly (True) 51% adult & 39% child

Several services/materials are supplied for educating clients about the PASSPORT Program. Respondents were asked to indicate whether they had used these services/materials and, if so, whether they had found them to be useful. The only service or material used by a majority of both adult and child respondents is the newsletter with 51% of adult and 55% of child respondents indicating they have read the newsletter. Of those respondents who rated the usefulness of the newsletter, 95% adult and 98% child respondents rated it as useful. For the other services/materials, there were smaller numbers of respondents able to rate their usefulness. Given this limitation, it is still notable that less than 3% of those rating the usefulness of any of these services/materials rated them as not useful.

When asked to rate their satisfaction with the PASSPORT Program, most respondents indicated a high level of satisfaction (between seven and ten). Forty-three percent of adult respondents and 51% of child respondents indicated that they are “completely satisfied” with the PASSPORT Program. The chart below offers more information about the satisfaction ratings.





5.0 NATIVE AMERICAN SPECIFICS

The Native American population is approximately one quarter of the PASSPORT to Health program population and therefore, it is beneficial to look at the survey information specific to the Native American subgroup. For this survey report the Native American information is based on respondents who self reported an identification as American Indian or Alaskan Native. There were 112 child surveys and 97 adult surveys that indicated Native American ethnicity. Of the respondents who indicated a race, this is 26% of adult and 29% of child respondents.

The table below highlights the differences between the answers given by those who indicated that they/their child are Native American and those given by the survey population as a whole.

Response	% of Native American	% of All
Chose provider (Adult)	79%	84%
Best provider rating (Adult)	37%	43%
Routine care from Personal Provider (Adult/Child)	75% / 87%	86% / 94%
Always referred if routine care from other provider (Adult)	25%	46%
Saw provider same day for illness or injury (Adult)	52%	47%
Care for illness/injury from Personal Provider (Adult/Child)	54% / 41%	66% / 65%
Always referred if care for illness/injury from other provider (Adult/Child)	39% / 34%	52% / 30%
No Emergency Room visits (Adult/Child)	55% / 67%	64% / 73%
Called provider's office for help (Adult/Child)	40% / 43%	60% / 53%
Providers always explained things so child could understand (Child)	48%	57%
Marked True for being able to use ER for routine care (Adult/Child)	38% / 52%	32% / 44%

Some Native American respondents may be confused about the need for referrals for routine care at an emergency room because they have access to I.H.S. facilities. These facilities often have the clinic, hospital and emergency room in one location which may lead to the belief that they can receive routine care without a referral.

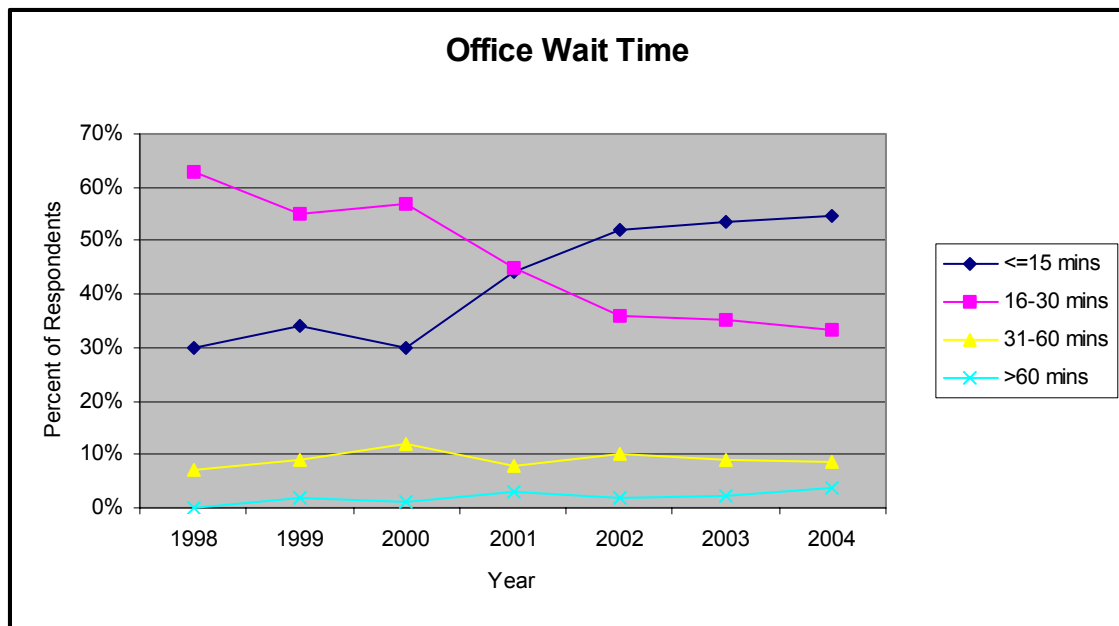


6.0 COMPARISONS TO PAST SURVEY RESULTS

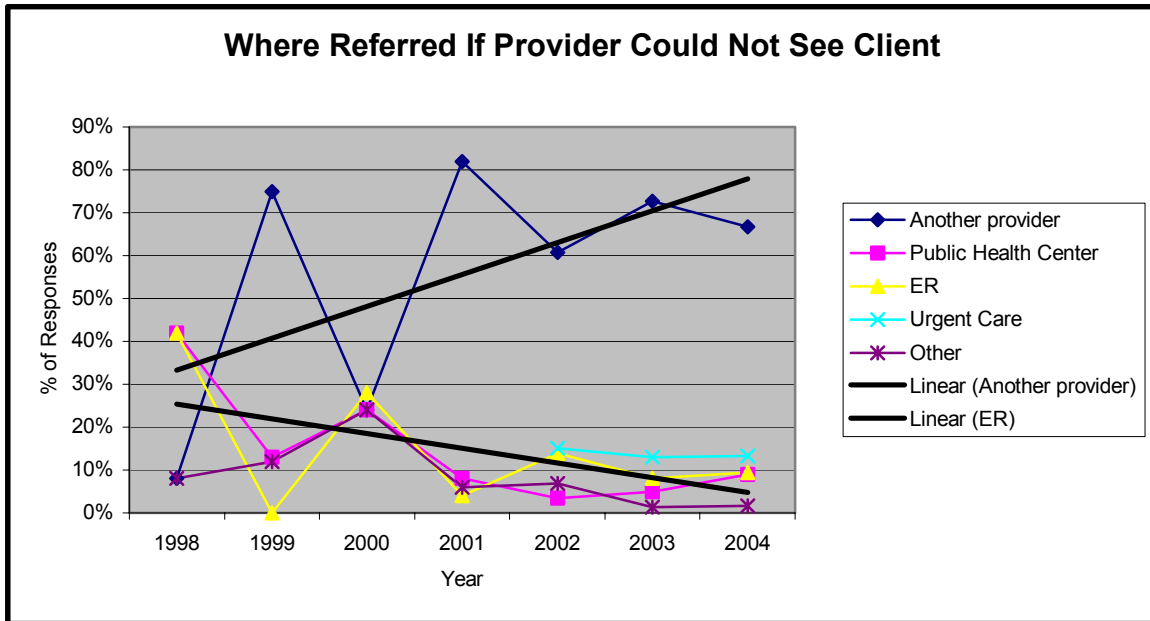
As mentioned previously, there were some questions kept from earlier surveys to enable some comparison from year to year. Comparisons of data across time may allow some recognition of possible trends in health care access and quality and program understanding and satisfaction.

Caution must be exercised in interpreting differences in responses on questions with wording changes from year to year of the PASSPORT to Health survey. Such differences may actually be due to the difference in wording and not an increased or decreased understanding or satisfaction.

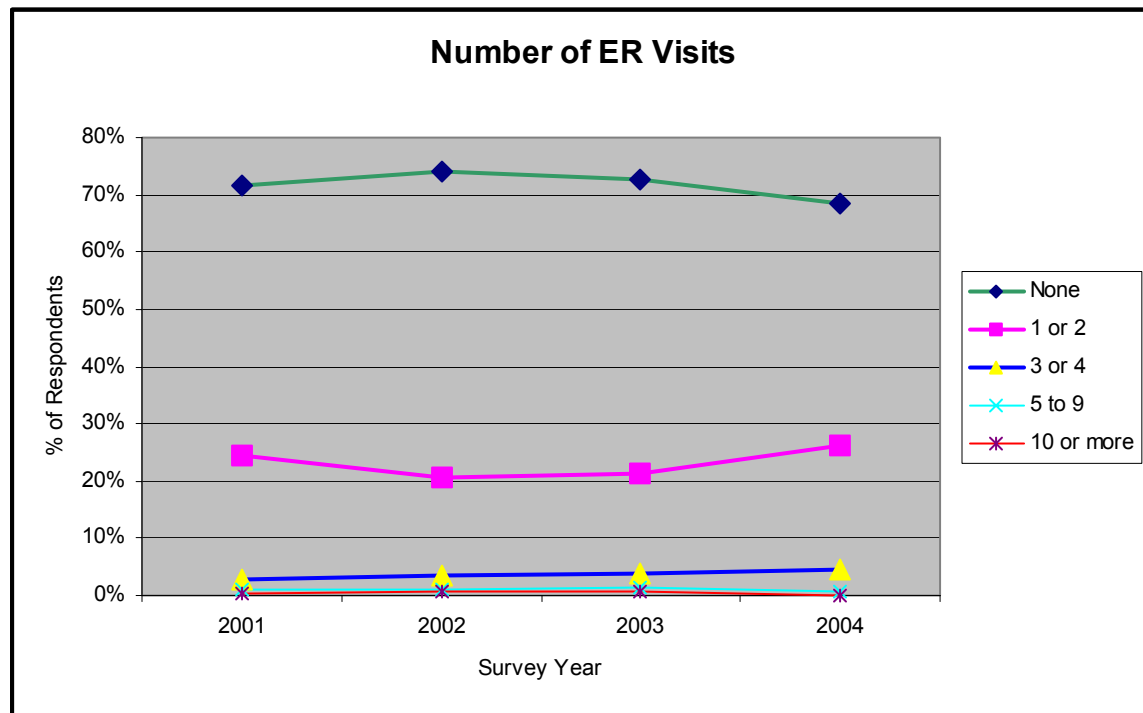
Below are some charts for specific questions for trending. Any comments related to each chart are below the chart and in italics.



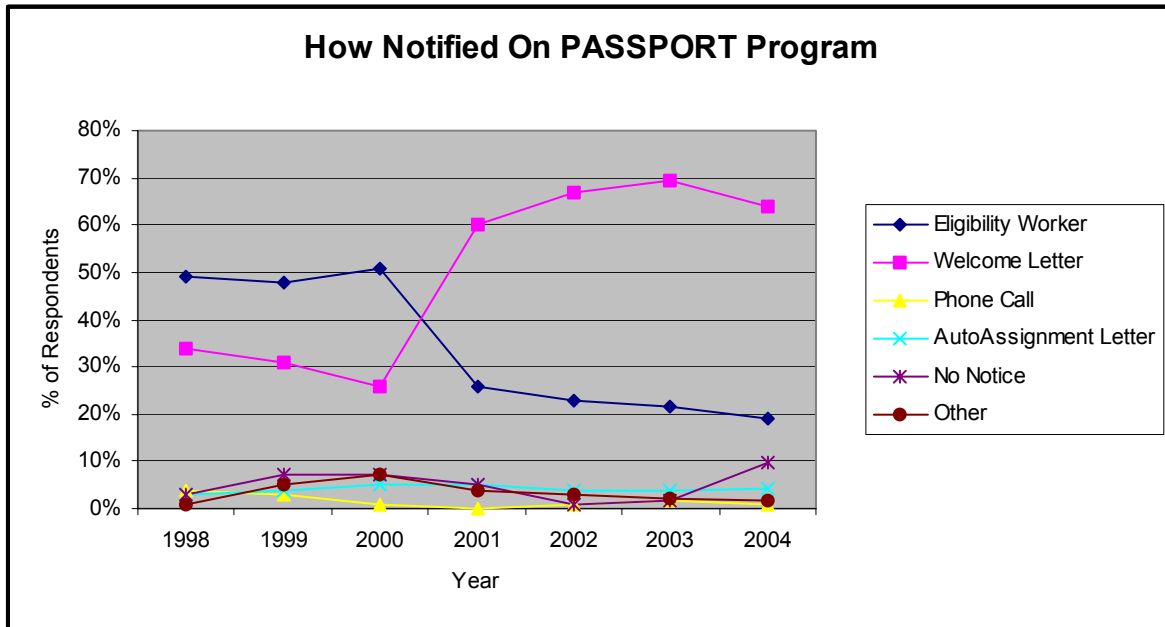
The wording of this question was changed as of the September 2000 survey. The most recent survey shows slightly more respondents getting in to see their provider within 15 minutes. There has been a clear trend as this percentage has risen since 2000. The percentage experiencing waits over a half hour has remained very low, only above 10 percent in 2000.



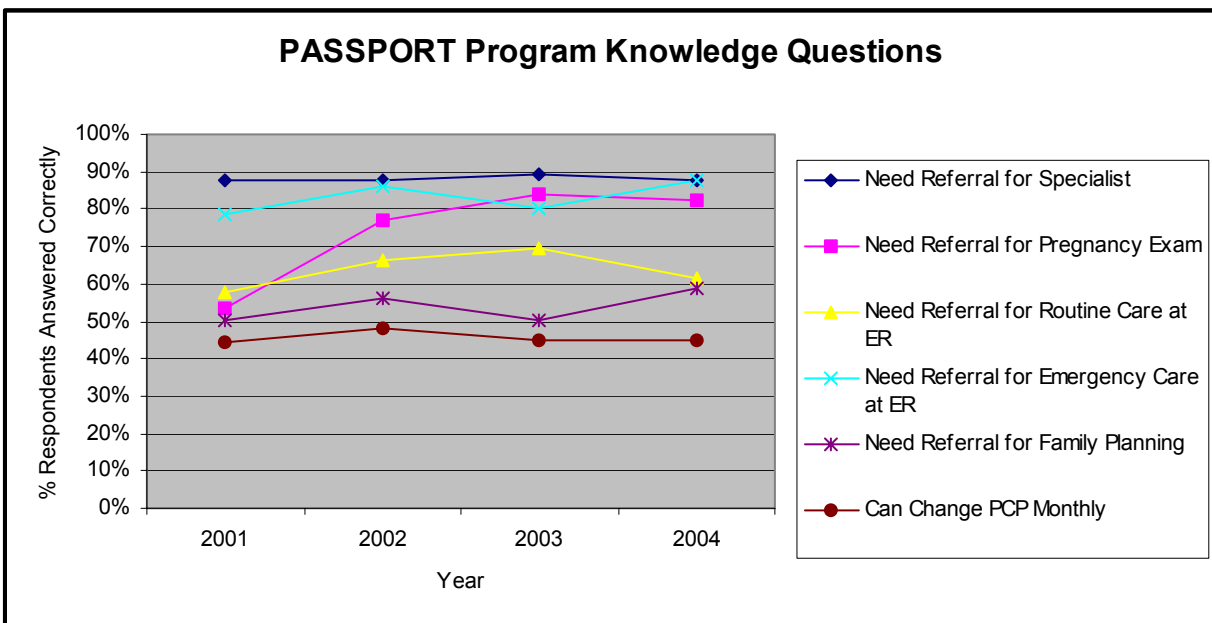
The desire is to see referrals to emergency rooms decreasing while seeing referrals to other providers increasing. Referrals to other providers are higher and ER use is lower since 2001. It should be recognized, however, that this is based on what the respondent indicates, which may, or may not, be what claims would support. In addition, the option of "Urgent Care" was added for the 2002 survey.



The number of ER visits has remained relatively consistent over the past four PASSPORT program client surveys. However this remains an area of focus due to the significant number of respondents who answered incorrectly on the knowledge questions regarding policies on ER visits.

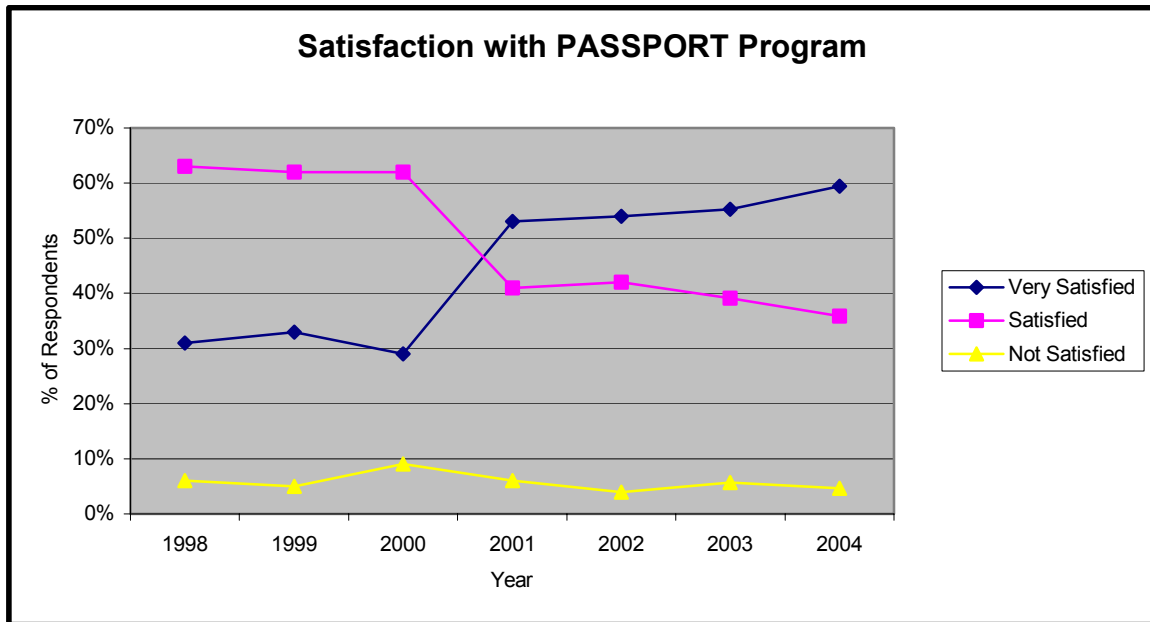


The trend continued with the majority of the respondents being notified of their enrollment in the PASSPORT program from a Welcome Letter. The second most common form of notification was the Eligibility Case Worker. The desired process is for the notification to come from the Welcome Letter. This way we are better able to ensure that all clients get the needed information at specific times in the enrollment packet.



Before the 2001 survey, the specific program information questions were worded as “yes/no” questions; in 2001 they were changed to “true/false”. Since the questions were significantly different, we are only comparing surveys beginning with 2001. As the above chart shows there was

an increase in the correct response for all of the true/false question between 2001 and 2002 except the already high referral for specialist. The current year shows a greater percentage of correct answers on some questions and a reduced percentage on others. A positive note is that all have above 40% with correct responses.



Before September 2000 the respondents were asked if they were “very satisfied”, “satisfied”, or “not satisfied” with the PASSPORT to Health Program. In September 2000 the respondents were asked to rate their satisfaction between one and six, with six being most satisfied. Beginning with the 2001 survey, the respondents were asked to rate their satisfaction between one and ten, with ten being completely satisfied. For the purpose of comparing the results, on the September 2000 survey a ‘1’ response is compared to ‘very satisfied’; responses of ‘2’, ‘3’, or ‘4’ are compared to ‘satisfied’; and ‘5’ and ‘6’ responses are compared to ‘not satisfied’. From the 2001 survey onward, responses from 0-3 are compared with ‘not satisfied’; 4-8 are compared with ‘satisfied’; and 9-10 are compared to ‘very satisfied’.



7.0 CONCLUSIONS AND RECOMMENDATIONS

The results of the most recent PASSPORT client survey continue to reflect a basic positive attitude about both the PASSPORT to Health program and PASSPORT providers. The areas of concern remain the same as last year, namely the following:

- From comments, it appears that finding dental providers willing to see PASSPORT clients continues to be very difficult and that the lack of dental care severely impacts some clients' well being. The loss of dental coverage for adult literally leaves some of them with teeth rotting in their mouths for lack of funds to pay for dental care.

- About a quarter of Native American adult respondents receive regular or routine care from providers other than their personal provider. This limits the care management that the personal providers can give these clients. A positive note is that the percentage of child respondents reporting routine care from their personal provider has risen, although still lagging behind the general population.
- While the majority of Native American adult respondents rated their personal provider as at least a 7 on a scale of 0 to 10, when compared to the overall percentages, significantly less rated their provider as 10.
- Responses to the True/False questions indicate there is a need for further education pertaining to the policies for Family Planning and choosing and changing providers. In addition, Native American respondents especially require more clarification concerning the use of Emergency Room services. The continued increase in reported use of the newsletter indicates that the newsletter should continue to be one of the main means utilized for informing and educating clients about program policies and changes.
- The continuing need for overall education about the PASSPORT program is still indicated by comments and some answers to the True/False questions.
- The majority of adult respondents have smoked more than 100 cigarettes in their lifetime and of these, the majority continues to smoke daily. Many of these are apparently not being continually advised by their providers to quit smoking.
- The ER visit rate should continue to be monitored.

While these areas of concern are important, the survey results also give much reason for positive conclusions. Some of the strong indicators that the program is meeting the needs of the clients are:

- The satisfaction ratings for the PASSPORT program continue to be high.
- Most respondents report choosing their provider rather than being assigned a provider and do not have a problem choosing a provider with whom they are pleased. Many respondents rated their personal provider as the best possible.
- Over half of respondents stated they usually received the help they need when calling their provider's office and the office staff was usually as helpful as the clients thought they should be. This indicates that the clients' positive perception extends beyond their individual provider.
- A significant number of respondents have accessed preventive care, with over 60% of respondents having received routine or regular care during the preceding 6 months.
- Respondents indicated that they received care when they wanted it.

Appendices

- A.** Adult Survey Question by Question
- B.** Child Survey Question by Question
- C.** Adult Verbatim Comments
- D.** Child Verbatim Comments
- E.** Adult Survey Instrument
- F.** Child Survey Instrument